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**CHIRON CORPORATION  
INTELLECTUAL PROPERTY  
4560 HORTON STREET  
EMERYVILLE, CA 94608-2916  
USA**

**Tel: (510) 923-2708/(510) 923-4104**

**Fax: (510) 655-3542**

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**FACSIMILE COVER SHEET**

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**TO: Examiner Mary Zeman  
United States Patent & Trademark Office**

**Date: 21 January 2004**

**JAN 21 2004**

**Fax No. 703-872-9306**

**OFFICIAL**

**FROM: Alisa A. Harbin**

**Number of Pages: 48  
(Including cover page)**

**RE: U.S. Patent Application Serial No. 08/441,443  
Filing Date: 05/15/1995; First named inventor: Houghton, M.  
For: NANBV DIAGNOSTICS AND VACCINES  
Group Art Unit No. 1631  
Atty. Docket No.: 63.024**

**Message:**

***Per your request, please find attached a copy of the Amendment submitted via facsimile on September 30, 2003 for the above-identified application. Thank you.***

Please contact Esperanza Licad at (510) 923-4104 if you have any problems receiving this transmission.

**CHIRON CORPORATION  
INTELLECTUAL PROPERTY  
4560 HORTON STREET  
EMERYVILLE, CA 94608-2916  
USA**

**Tel: (510) 923-3003  
Fax: (510) 655-3542**

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### FACSIMILE COVER SHEET

**TO: Examiner Mary Zeman  
USPTO Group Art Unit 1631**

**Date: 30 September 2003**

**Fax No.: (703) 746-52379**

**FROM: Alisa Harbin**

**Number of Pages: 47  
(Including cover page)**

**RE: USSN 08/441,443  
Our Reference: PP0063.024**

**Message:**

*Please feel free to contact me at 510-923-2708  
with any questions.  
Best regards*

**Please contact Alisa Harbin at 011 390 577 243 414 if you have any problems  
receiving this transmission.**

PATENT  
Atty. Docket No. PP00063.024

OFFICIAL

I hereby certify that this paper is being facsimile transmitted to Examiner Mary Zeman with the U.S. Patent & Trademark Office, Group Art Unit 1631, facsimile number (703) 746-5279 on

30 September 2003Alisa A. Harbin  
Alisa A. Harbin30 September 2003  
DateRECEIVED  
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JAN 21 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Michael Houghton, et al

Serial No.: 08/441,443

Group Art Unit: 1631

Filed: 15 May 1995

Examiner: M. Zeman

For: NANBV DIAGNOSTICS AND VACCINES

AMENDMENT TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a further amendment to the amendment filed July 14, 2003.

\_\_\_\_\_ Applicant petitions for extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|       |              |            |
|-------|--------------|------------|
| _____ | one month    | \$ 110.00  |
| _____ | two months   | \$ 410.00  |
| _____ | three months | \$ 930.00  |
| _____ | four months  | \$1,450.00 |

\_\_\_\_\_ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefore of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.  
Extension fee due with this request \$ \_\_\_\_\_.

X Applicant believes that no extension of term is required. However, if any additional extension and/or fee is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

PATENT  
Atty. Docket No. PP00063.024

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE       | ADDIT FEE |
|---|---|-------|---------------------------------------|------------------|------------|-----------|
| TOTAL   | *403                                      | MINUS | *378                                  | = 25             | x \$18.00  | \$450.00  |
| INDEP.  | 57  | MINUS | *32                                   | = 25             | x \$84.00  | \$2100.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (22) |   |       |                                       |                  | + \$280.00 | \$0.00    |

Total \$ 2550.00

\* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for " IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

       No additional fee for claims is required.

  X   Please deduct the additional claim fee of \$2,550.00 from Deposit Account No. 03-1664.

  X   If any additional fees are required, please charge Deposit Account No. 03-1664.  
**THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

Respectfully submitted,

Dated: 30 September 2003 By: Alisa A. Harbin

Alisa A. Harbin  
Reg. No. 33,895

CHIRON CORPORATION  
Intellectual Property - R440  
P.O. Box 8097  
Emeryville, CA 94662-8097  
(510) 923-2708  
(510) 655-3542 (Fax)